

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	1/29/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006486

- 1) MAXIMUS Federal Services, Inc. has determined the request for **request for one (1) HELP evaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Cymbalta 30mg #30 with 3 refills is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **request for one (1) HELP evaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Cymbalta 30mg #30 with 3 refills is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

Patient is a 40-year-old male the date of injury of generate 29th 2008. He states that physical therapy, chiropractic care, exercise programs, have not helped his condition. He does feel that his pain medication has helped improve his condition. Patients include Celebrex hydrochlorothiazide and Niacin. The patient has a diagnosis of degenerative disc disease with radiculopathy and myofascial pain syndrome. The patient has responded to two ESI. He is reportedly not a candidate for surgery. Appeal from PTP states the patient is limited from work duties and needs assistance with grooming home duties and dressing.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for request for one (1) HELP evaluation :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs (functional restoration programs), Types of programs, Types of Treatments, Predicators of success and failure, Criteria for the general use of multidisciplinary pain management programs, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs, page 23, which is a part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has tried physical therapy, chiropractic care, exercise programs, and this has not helped with the pain. The employee feels that the pain medication has helped improve the condition. The current medications include Celebrex hydrochlorothiazide and Niacin. The employee has a diagnosis of degenerative disc disease with radiculopathy and myofascial pain syndrome. The employee has responded to two epidural steroid injections (ESI). The employee is reportedly not a candidate for surgery. Medical records indicate that the employee is limited from work duties and needs assistance with grooming, home duties and dressing. The Chronic Pain guidelines are specific regarding chronic pain programs, the criteria includes: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating the chronic pain have been unsuccessful; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In the reports for this employee, it appears the employee needs further evaluation and testing to see if the program is appropriate, as stated in criteria #1 in Chronic Pain guidelines. The employee does not appear to be a surgical candidate, does have loss of independent function from chronic pain, and continues to have pain regardless of previous treatments other than medications. The employee meets the criteria for a functional restoration program (FRP). **The request for one (1) HELP evaluation is medically necessary and appropriate.**

2) Regarding the request for one (1) prescription of Cymbalta 30mg #30 with 3 refills :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Cymbalta, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antidepressants, page 13, which is a part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend antidepressants as a first line for neuropathic pain. It does recommend regular monitoring if it is an initial treatment, with at least monitoring of 1 week and 4 weeks. This request is for 4 months of treatment. As this treatment duration exceeds initial recommended trials, it would not give a good measure of effectiveness until 4 months have passed. **The request for one (1) prescription of Cymbalta 30mg #30 with 3 refills is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.